



## Massachusetts Department of Environmental Protection

Rideshare Regulation, 310 CMR 7.16

### 2005 RIDESHARE PROGRAM UPDATE REPORT (Short Form)

The Massachusetts Rideshare Regulation, 310 CMR 7.16 (5), requires facilities to provide updated data on how their commuting population commutes to work. Facilities that have submitted a Rideshare Program Base or Update Report in a previous year must fill out this form to update their rideshare program information. If you have any questions regarding your facility's filing status with the Massachusetts Department of Environmental Protection (MassDEP) Rideshare Program, please call (617) 292-5663.

#### A. Facility Information

Contact Person: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

#### B. Facility Applicability and Sections of Form to Complete

Please provide the information required below. The mailing address for the MassDEP is listed on the back of this form.

1. **State the total number of commuters at your facility:** \_\_\_\_\_

To determine this number, count all commuters in every building located within walking distance or within a one-mile radius of the street address of this facility.

2. **State the total number of *applicable* commuters at your facility:** \_\_\_\_\_

*Applicable commuters* refer to *applicable employees* at your facility<sup>1</sup>.

*Applicable employees:*

- ◆ work at least 17 hours per week for 20 or more weeks per year;
- ◆ are scheduled to begin and complete their work day between 6 a.m. and 8 p.m., and,
- ◆ use their vehicle during work hours for work purposes less than five times a month.

3. **Check (√) which category and action applies to your facility:**

- ☐ Your facility employs 1000 or more applicable commuters. Complete Sections C & D.
- ☐ Your facility has a MassDEP Operating Permit in accordance with 310 CMR 7.00, Appendix C and employs 250 or more applicable commuters. Complete Sections C & D.
- ☐ Your facility does not have a MassDEP Operating Permit Program and employs between 250-999 applicable commuters. MassDEP will phase in your facility in the future. Complete Section D, or you may also complete entire form.
- ☐ Your facility employs 249 or less applicable commuters. Your facility is not subject to the Rideshare regulation. Complete Section D.
- ☐ Your facility is an educational facility with 999 or less applicable commuters. Your facility is not subject to the Rideshare regulation. Complete Section D.

<sup>1</sup> For educational facilities, *applicable commuters* refers to *applicable employees* and *applicable students*. *Applicable students* are full-time commuting students; are scheduled to begin and complete their classes between 6 a.m. and 8 p.m.; and use their vehicles for school or other related matters less than five times a month.



# Massachusetts Department of Environmental Protection

Rideshare Regulation, 310 CMR 7.16

## 2005 RIDESHARE PROGRAM UPDATE REPORT (Short Form)

### C. Compliance with the Massachusetts Rideshare Regulation

#### 1. Status of drive-alone commute trip (DACT) reduction incentives:

- Check (✓) if your facility implements, publicizes and maintains the DACT reduction incentives a, b, and c. listed below.
- Facilities that are located within one mile of public transit must *also* offer trip reduction incentives d, e and f.  
Is your facility located within one mile of public transit? ☐ Yes ☐ No
- Facilities, including educational facilities, with 1000 or more applicable employees must *also* offer trip reduction incentive g.  
Please check (✓) "N/A" if an incentive is not applicable.

#### 2. Estimate 2005 DACT reductions:

- For each DACT reduction incentive, estimate the number of commuters that that have *changed from drive-alone commuting to taking another form of transportation since your facility's last Rideshare Program report*. For 2005, your facility is not required to collect commute data on how your commuters commute to work. Your facility may use commuter tracking records such as transit pass sales, preferential parking records, carpool and vanpool records, etc. to estimate the number of 2005 DACT reductions.

#### 3. Estimate the total DACT reductions since your facility's Rideshare Program Base Report:

- For each DACT reduction incentive, estimate the total DACT reductions since your facility's Base Report by adding the estimated 2005 DACT reductions to the DACT reductions listed in your *facility's last Rideshare Program report*.

#### 4. Description of DACT reduction incentives.

- Attach a description of how your facility is implementing, publicizing, and maintaining each incentive. Any incentives not implemented must be implemented within 30 days of submitting this form.

DACT Reduction Incentives	Implement	Publicize	Maintain	2005 DACT Reductions <sup>1</sup>	DACT Reductions Since Base Year
a. Conduct carpool matching	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
b. Designate preferential parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
c. Establish bicycling incentives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
d. Provide transit passes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
e. Post bus schedules, rates and routes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
f. Negotiate with bus providers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
g. Conduct vanpool matching	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Additional incentives (optional):					
h. Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
				<b>Total:</b> _____	_____

### D. Certification Statement

I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Signature of Responsible Official

Title

Date

Print Name

(\_\_\_\_\_) Telephone

Business Mailing Address

Town/City

State

Zip Code

**Submit this form by December 31, 2005 to the Massachusetts Department of Environmental Protection, Bureau of Waste Prevention, Rideshare Program, 10<sup>th</sup> floor, One Winter Street, Boston, Massachusetts 02108**

<sup>1</sup>For each DACT reduction incentive, 2005 DACT Reductions = Number of new commuters using the incentive in 2005 x Number of days in the commuters' workweek.